



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOXING & RACING DIVISION
500 JAMES ROBERTSON PARKWAY
2ND FLOOR, DAVY CROCKETT TOWER
NASHVILLE, TENNESSEE 37243-1154
615-253-1179 (FAX)
615-741-1741

CERTIFICATE OF INSURANCE

This is to certify that policies of insurance as described below have been issued to the insured. In event of cancellation, non-renewal or change during the periods of coverage as stated herein, not less than ten (10) days' advance written notice will be given to the Director of Regulatory Board.

1. Name and Address of Insured:

Telephone: Area Code _____ Phone No. _____

2. Name and Address of Local Agency:

Telephone: Area Code _____ Phone No. _____

3. Location of Operations to which this certificate applies:

Telephone: Area Code _____ Phone No. _____

4. Insurance is afforded for such coverages as are indicated below by limits of Liability, Policy Number and Period Covered. (Minimum Limits \$100,000.00-\$300,000.00 Single Limits for Bodily Injury.)

TYPE OF COVERAGE	MINIMUM LIMITS OF LIABILITY	POLICY NUMBER	ANNUAL POLICY PERIOD
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This certificate is executed by the _____
Insurance Company as respects insurance afforded by that company under the policies
designated above.

Name of Insurance Company
Address: _____

Telephone: Area Code _____ No. _____

Date

Authorized Certifying Representative or Officer
Only